

Roseville City School District 2024-2025 Rates

Rates are based on full time status, Certificated = 100%, & Classified = 35+ hours/week.
If you are less than full time see rate sheets for Percentage Employees.

High Deductible Medical with Vision

In order to be eligible for vision you must be enrolled in a medical plan

	Western Health Advantage		Sutter Health Plus		Kaiser Permanente		VSP
SIG	WHHDP \$2800/\$5600	WHMID \$1800/\$3600	SHHDP \$2500/\$5000	SHMID \$1600/\$3200	607771 \$3000/\$6000	602214 \$2000/\$4000	VSB00-C
Group #	W2800	W1800	HD32	HD33	607771B	602214B	N/A
Monthly Rates							Employee ONLY
Employee Only-Txxx00	\$ 546.00	\$ 629.00	\$ 669.00	\$ 755.00	\$ 660.00	\$ 770.00	\$ 9.10
Employee & Spouse - TxxxSO	\$ 1,089.00	\$ 1,255.00	\$ 1,334.00	\$ 1,506.00	\$ 1,317.00	\$ 1,536.00	
Employee & Children-TxxxOA	\$ 829.00	\$ 954.00	\$ 1,014.00	\$ 1,144.00	\$ 1,002.00	\$ 1,168.00	
Family - TxxxSA	\$ 1,279.00	\$ 1,474.00	\$ 1,566.00	\$ 1,768.00	\$ 1,547.00	\$ 1,805.00	

Yearly Cost of Medical Plan with Vision							
Employee Only	\$ 6,661.20	\$ 7,657.20	\$ 8,137.20	\$ 9,169.20	\$ 8,029.20	\$ 9,349.20	
Employee & Spouse	\$ 13,177.20	\$ 15,169.20	\$ 16,117.20	\$ 18,181.20	\$ 15,913.20	\$ 18,541.20	
Employee & Children	\$ 10,057.20	\$ 11,557.20	\$ 12,277.20	\$ 13,837.20	\$ 12,133.20	\$ 14,125.20	
Family	\$ 15,457.20	\$ 17,797.20	\$ 18,901.20	\$ 21,325.20	\$ 18,673.20	\$ 21,769.20	

Monthly Medical Cost to Employees Over the Cap							
11 Pay (includes employees receiving summer savings)							
Employee Only	\$ -	\$ -	\$ -	\$ 26.65	\$ -	\$ 43.02	
Employee & Spouse	\$ 391.02	\$ 572.11	\$ 658.29	\$ 845.93	\$ 639.75	\$ 878.65	
Employee & Children	\$ 107.38	\$ 243.75	\$ 309.20	\$ 451.02	\$ 296.11	\$ 477.20	
Family	\$ 598.29	\$ 811.02	\$ 911.38	\$ 1,131.75	\$ 890.65	\$ 1,172.11	

12 Pay							
Employee Only	\$ -	\$ -	\$ -	\$ 24.43	\$ -	\$ 39.43	
Employee & Spouse	\$ 358.43	\$ 524.43	\$ 603.43	\$ 775.43	\$ 586.43	\$ 805.43	
Employee & Children	\$ 98.43	\$ 223.43	\$ 283.43	\$ 413.43	\$ 271.43	\$ 437.43	
Family	\$ 548.43	\$ 743.43	\$ 835.43	\$ 1,037.43	\$ 816.43	\$ 1,074.43	

<u>District Paid Premiums</u>	<u>Eligibility</u>	<u>RTA Value</u>
Annual Health Insurance Cap - RTA	enrolled in a health plan	\$8,876.00
Annual SIG Waive Fee	full time employee waiving health benefits	\$3,600.00
SIG Hartford Life Insurance	enrolled in a health plan	1x's annual salary
The Standard Income Protection (Disability Insurance)	working: CE-40%+ ; CL-15hr/wk+	75% of income

**Medical benefits are only available to employees working:
Certificated = 50% or more**